



INLAND COUNTIES EMERGENCY MEDICAL AGENCY
Serving San Bernardino, Inyo, and Mono Counties
515 N ARROWHEAD AVENUE
SAN BERNARDINO, CA 92415-0060
909-388-5823 FAX: 909-388-5825

EMT-I CERTIFICATION/RECERTIFICATION

- ☐ Initial Certification (\$30.00)
☐ Recertification (\$30.00)
☐ Reciprocity (\$30.00)

Fees are nonrefundable - Cash or Money Order Only- NO PERSONAL CHECKS ACCEPTED

Legal Name: _____
Last First Middle Sex(M/F)

Address: _____
Home Address City State Zip
Mailing Address (if different) City State Zip

Date of Birth: ____/____/____ Phone #: _____ Drivers License # _____

SSN #: _____ EMT-I Employer: _____

- ☐ Yes ☐ No Has your Driver's License ever been denied, suspended or revoked?
If "Yes," attach original (not copy) of your current DMV printout with a detailed explanation.
- ☐ Yes ☐ No Have you ever been convicted of a felony or misdemeanor not previously reported?
If "Yes," attach a detailed explanation. If conviction was the result of a traffic violation, attach original (not copy) of your current DMV printout.
- ☐ Yes ☐ No Have you completed a Department of Justice (DOJ) Live Scan background check or previously submitted a fingerprint card for ICEMA? Your DOJ report also provides ICEMA with ongoing information of any subsequent arrests.
- ☐ Yes ☐ No Have you been or are you currently certified as an EMT-I?
If "Yes," :
Name of Certifying Authority: _____
Cert. #: _____ Exp. Date ____/____/____
- ☐ Yes ☐ No Have you at any time been denied certification as an EMT-I or had your EMT-I certification or EMT- P License suspended or revoked?
If "Yes," attach a detailed explanation.
- ☐ Yes ☐ No Have you passed the National Registry written exam?
Exam Date: ____/____/____ NREMT Number: _____ Exp. Date ____/____/____

If there are no unusual circumstances, applications should be processed within 15 days following receipt of completed application *and* supporting documentation. Those individuals waiting for Live Scan results may experience longer delays due to DOJ processing. All fees are nonrefundable and nontransferable.

OFFICE USE ONLY: BLS Exp. Date _____
Cert. No. _____ Effective _____
Accounting _____ Exp. Date _____

INSTRUCTIONS FOR EMT-I APPLICATION
Please Read Thoroughly and Completely
Incomplete Applications Will Not Be Accepted and Will Be Returned

ICEMA must receive your completed application within two (2) years of course completion

SUBMIT THE FOLLOWING FOR INITIAL CERTIFICATION:

- ☐ Completed original application
- ☐ Copy of course completion certificate
- ☐ Cash or Money Order (NO PERSONAL CHECKS)
- ☐ Proof of Live Scan submission
- ☐ Copy of current Driver's License (*for ID purposes*)
- ☐ Copy of front and back of signed CPR **
- ☐ Current photo, taken within the last 6 months, D.L. size, no tinted glasses or hats*
- ☐ Copy of current EMT-I certification card, National Registry or California EMT-Paramedic license

SUBMIT THE FOLLOWING FOR RECERTIFICATION/RECIPROCITY:

- ☐ Completed original application
- ☐ Cash or Money Order (NO PERSONAL CHECKS)
- ☐ Original Skills Competency Verification form
- ☐ Copy of front and back of signed CPR**
- ☐ Copy of current Driver's License (*for ID purposes*)
- ☐ Copy of current EMT-I certification card, National Registry or California EMT-Paramedic license
- ☐ Current photo, taken within the last 6 months, D.L. size, no tinted glasses or hats*
- ☐ Complete the EMT-I Statement of CE requirements below (*MUST SUBMIT DOCUMENTATION*)

* *Photos are taken at ICEMA at no additional charge.*

** *CPR card must meet or exceed the current "Guidelines and Standards for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care"*

Document EMT-I Recertification CE Requirements Below AND
Provide Copies of the Roster or CE Certificate from Each Class Attended
(*For specific requirements please refer to ICEMA Protocol Reference # 15201*)

Course Title	Provider Name	CE Provider #	Date	Hours

Please use supplemental CE form for additional courses

I hereby certify under penalty of perjury that I have read and understand the requirements for certification as an EMT-I, and am eligible for such certification in accordance with Sections 100057-100086, not consecutive, of Title 22, Division 9, Chapter 2 of the California Administrative Code I also declare that I have successfully passed the final certifying examination after successful completion of all components of the course. I understand that any fraudulent entry on this application may be considered cause for denial or subsequent revocation of my certification without the opportunity of appeal and I hereby authorize ICEMA and/or its affiliates and/or any one or more of the Inland Counties' Health Departments, permission to verify any and all information contained herein.

I also hereby authorize verification of any and all information contained herein and authorize release of any and all information as deemed relevant to my certification process to my employer. I agree to hold ICEMA harmless from any act or action resulting from the release of the information as stated above.

Signature/Date